

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/019,356
Filing Date	May 21, 2002
First Named Inventor	Slater, Michael
Title	METHOD FOR IDENTIFYING PRE-NEOPLASTIC AND/OR NEOPLASTIC STATES IN MAMMALS
Art Unit	
Examiner Name	
Attorney Docket Number	027281-000500US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or  
Individual Name

Address

City:

State

Zip

Country

Telephone

Email

I am the:  
Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	JULIAN A. BARBER	Date	26 <sup>th</sup> Mar 2008
Name	JULIAN A. BARBER	Telephone	02 9490 8280
Title and Company	of BIOSCEPTRE PTY LTD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.